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US PTO  
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101003

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	11885-00002-US	
		First Inventor	Markus A. Schufheutle et al.	
		Title	AQUEOUS COATING COMPOSITIONS	
		Express Mail Label No.	ER 375181812 US	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification      [Total Pages] <b>16</b> <small>(Preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113)      [Total Sheets] <b>      </b> 5. Oath or Declaration      [Total Sheets] <b>2</b> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>		
<b>ACCOMPANYING APPLICATIONS PARTS</b> <ul style="list-style-type: none"> <li>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement  <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney</li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></li> <li>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></li> <li>17. <input type="checkbox"/> Other: _____</li> </ul>				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: _____ Art Unit: _____ Prior application information: Examiner _____ <b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
<b>19. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number:		23416	OR	<input type="checkbox"/> Correspondence address below
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Address				
City	State	Zip Code		
Country	Telephone	Fax		
Name (Print/Type)	Richard M. Beck		Registration No. (Attorney/Agent)	22,580
Signature	<i>Richard M. Beck</i>		Date	October 10, 2003

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15992 U.S.PTO  
101003Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b>		<b>Complete if Known</b>																																																																																																																													
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<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEES CALCULATION (continued)</b>																																																																																																																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number 03-2775 Deposit Account Name Connolly Bove Lodge & Hutz LLP		<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify)</td></tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1,480	2254	740	1255	2,010	2255	1,005	1401	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,330	2453	665	1501	1,330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	2809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify)			
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<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>Fee Calculation</b> <b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr> <tr><td colspan="2">SUBTOTAL (1) (\$ 770.00)</td><td colspan="2"></td></tr> </tbody> </table> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20** =</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>10</td><td>-20** =</td><td></td><td>x</td><td>= 0.00</td></tr> <tr><td>Independent Claims 1</td><td>-3** =</td><td></td><td>x</td><td>= 0.00</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td></td><td>= 0.00</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Description</td></tr> <tr><td>1202</td><td>18</td><td>2202 9 Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201 43 Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203 145 Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>2204 43 ** Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205 9 ** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="2">SUBTOTAL (2) (\$ 0.00)</td><td colspan="2"></td></tr> </tbody> </table> <p>**or number previously paid, if greater. For Reissues, see above</p>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	1002	340	2002	170	1003	530	2003	265	1004	770	2004	385	1005	160	2005	80	SUBTOTAL (1) (\$ 770.00)				Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid	10	-20** =		x	= 0.00	Independent Claims 1	-3** =		x	= 0.00	Multiple Dependent				= 0.00	Large Entity	Small Entity	Fee Description	Fee Code	Fee (\$)	Fee Description	1202	18	2202 9 Claims in excess of 20	1201	86	2201 43 Independent claims in excess of 3	1203	290	2203 145 Multiple dependent claim, if not paid	1204	86	2204 43 ** Reissue independent claims over original patent	1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$ 0.00)				<b>Subtotal (3) (\$ 40.00)</b> <small>*Reduced by Basic Filing Fee Paid</small>																																														
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Name (Print/Type)	Richard M. Beck	Registration No. (Attorney/Agent)	22,580																																																																																																																												
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292641

Application No. (if known):

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Amy L. Hamm

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Application Data Sheet  
Utility Transmittal Sheet  
Fee Transmittal Sheet  
Specification (12 Pages)  
Declaration/Power of Attorney (2 Pages)  
Assignment and Coversheet (2 Pages)  
Priority Document  
IDS, PTO Form 1449 and 1 Reference  
Check for \$810.00  
Return Postcard